

AMENDED IN SENATE JUNE 10, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1868

Introduced by Assembly Member Gomez
(Coauthors: Assembly Members Brown and Wilk)

February 19, 2014

An act to amend Section 14131.10 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1868, as amended, Gomez. Medi-Cal: optional benefits: podiatric medicine.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law provides that optional podiatric services are excluded from coverage under the Medi-Cal program.

This bill would cover medical and surgical services provided by a doctor of podiatric medicine *within his or her scope of practice* that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a podiatrist in the state.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14131.10 of the Welfare and Institutions Code is amended to read:

14131.10. (a) Notwithstanding any other provision of this chapter, Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591), in order to implement changes in the level of funding for health care services, specific optional benefits are excluded from coverage under the Medi-Cal program.

(b) (1) The following optional benefits are excluded from coverage under the Medi-Cal program:

(A) Adult dental services, except as specified in paragraph (2).

(B) Acupuncture services.

(C) Audiology services and speech therapy services.

(D) Chiropractic services.

(E) Optometric and optician services, including services provided by a fabricating optical laboratory.

(F) Podiatric services, except as specified in paragraph (2).

(G) Psychology services.

(H) Incontinence creams and washes.

(2) (A) (i) Medical and surgical services provided by a doctor of dental medicine or dental surgery; that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a dentist in this state, are covered.

(ii) Medical and surgical services provided by a doctor of podiatric medicine; *within his or her scope of practice* that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a doctor of podiatric medicine in this state, are covered.

(B) Emergency procedures are also covered in the categories of service specified in subparagraph (A). The director may adopt regulations for any of the services specified in subparagraph (A).

(C) Effective May 1, 2014, or the effective date of any necessary federal approvals as required by subdivision (f), whichever is later, for persons 21 years of age or older, adult dental benefits, subject to utilization controls, are limited to all the following medically necessary services:

1 (i) Examinations, radiographs/photographic images, prophylaxis,
2 and fluoride treatments.

3 (ii) Amalgam and composite restorations.

4 (iii) Stainless steel, resin, and resin window crowns.

5 (iv) Anterior root canal therapy.

6 (v) Complete dentures, including immediate dentures.

7 (vi) Complete denture adjustments, repairs, and relines.

8 (D) Services specified in this paragraph shall be included as a
9 covered medical benefit under the Medi-Cal program pursuant to
10 Section 14132.89.

11 (3) Pregnancy-related services and services for the treatment of
12 other conditions that might complicate the pregnancy are not
13 excluded from coverage under this section.

14 (c) The optional benefit exclusions do not apply to either of the
15 following:

16 (1) Beneficiaries under the Early and Periodic Screening
17 Diagnosis and Treatment Program.

18 (2) Beneficiaries receiving long-term care in a nursing facility
19 that is both:

20 (A) A skilled nursing facility or intermediate care facility as
21 defined in subdivisions (c) and (d) of Section 1250 of the Health
22 and Safety Code.

23 (B) Licensed pursuant to subdivision (k) of Section 1250 of the
24 Health and Safety Code.

25 (d) This section shall only be implemented to the extent
26 permitted by federal law.

27 (e) Notwithstanding Chapter 3.5 (commencing with Section
28 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
29 the department may implement the provisions of this section by
30 means of all-county letters, provider bulletins, or similar
31 instructions, without taking further regulatory action.

32 (f) The department shall seek approval for federal financial
33 participation and coverage of services specified in subparagraph
34 (C) of paragraph (2) of subdivision (b) under the Medi-Cal
35 program.

36 (g) This section, except as specified in subparagraph (C) of
37 paragraph (2) of subdivision (b), shall be implemented on the first

- 1 day of the month following 90 days after the operative date of this
- 2 section.

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